

## PART B - FEE(S) TRANSMITTAL

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23566 7590 05/03/2004

OSTRAGER CHONG & FLAHERTY LLP  
 825 THIRD AVE  
 30TH FLOOR  
 NEW YORK, NY 10022-7519



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Dennis M. Flaherty	(Depositor's name)
<i>Dennis Flaherty</i>	(Signature)
July 20, 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/047,795	10/23/2001	Eric Paul Plourde	ITW-13131	5623

TITLE OF INVENTION: EASILY ALIGNABLE ZIPPER FOR RECLOSABLE PACKAGING

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	08/03/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
HYLTON, ROBIN ANNETTE	3727	383-063000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Ostrager Chong  
Flaherty & Broitman P.C.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Illinois Tool Works Inc.

Glenview, Illinois

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee☐ Advance Order - # of Copies \_\_\_\_\_

4b. Payment of Fee(s):

☒ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☐ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number \_\_\_\_\_ (enclose an extra copy of this form).

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(Date)

July 20, 2004

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07/26/2004 SHASSEN2 00000046 10047795

01 FC:1501

1330.00 OP

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